CLCS Review Item Disposition

1. Initiator	LAST NAME FIRST	2. Type of Review	3. RID Number
Name		☐ General Document Review	00210-
Organization		☒ PDR, CDR, **ABR**, PPR (circle)	
Phone		☐ Other _____	
Fax			

5a. Doc. Number	84K00210	6. Doc. Name	System Design Document (SDD)
5a. Doc. Revision	Draft		

6. Name of RID Team   SDD RID Review Team

7. Problem

8. Recommendation

☐ Hardcopy of Redlines/Comments Attached

9. Impact if recommendation not implemented

_____   _____
Initiator - Signature   Submission Date

10. Team Recommendation

☐ Accepted
☐ Rejected
☐ Study
☐ Withdrawn
☐ Deferred to CLCS CCB Screening Panel
Comments

RID Team Manager - Signature _____

11. Action Required

☐ Update Document
☐ Study
☐ Other (specify) _____

Comments

12. Final RID Closure Action

☐ RID to be incorporated in next revision
☐ RID to be incorporated in other (specify)

RID Team Manager - Signature _____

13. Additional Comments/Notes

Due **NO LATER THAN** May 7, 1997